



Benton Utilities Share Program
Neighbors Helping Neighbors
Application

Application # _____



Instructions:

1. Complete the entire form. Incomplete forms will not be considered.
2. Submit application for review by the 15th of the month to:

By Fax:

501-776-5918

By Mail:

Benton Utilities Share Program

P.O. Box 607

Benton, AR 72018-0607

In Person:

City Hall

114 S. East Street

Benton, AR 72015

3. Approved Applications will result in funds being applied directly to the utility bill.

Did you opt out of the Share Program?

YES

NO

IF YOU ANSWERED YES, YOU ARE NOT ELIGIBLE TO APPLY.

Name of Benton Utility Account Holder:

First Name:

Last Name:

Former Names (including Maiden):

Contact Phone Number(s):

(1)

(2)

Utility Service Address:

List the names and ages of everyone who lives at this address:

First Name

Last Name

Age

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

List employment information for all adults at this residence:

Name

Employer

Length of Employment

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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Financial Information:

Total Monthly Household Income \$ _____

(List ALL income sources such as Wages, Social Security, Disability, SSI, Child Support, Interest, etc.)

Do you currently receive other financial assistance such as Food Stamps, WIC, Medicaid, Etc.?

YES	NO
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Did you receive Section 8 Public Housing Assistance?

YES	NO
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Have your utilities been disconnected in the past 12 months?

YES	NO
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Do you receive utility assistance from any other source?

YES	NO
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If yes, from whom and how much? \$ _____

How much does your household have in cash, checking, and/or savings? \$ _____

How much of your utility bill can you pay? \$ _____

What other efforts are you making to pay your utility bill? _____

Describe why you need help paying your utility bill?
(Please explain all that apply: Illness; Disability; Unemployment; Death; Other.)

The information in this application is true to the best of my knowledge. I understand false statements may disqualify my application. I give permission for the Share Program Board members to view my personal account information from Benton Utilities.

Signature _____ Date _____